



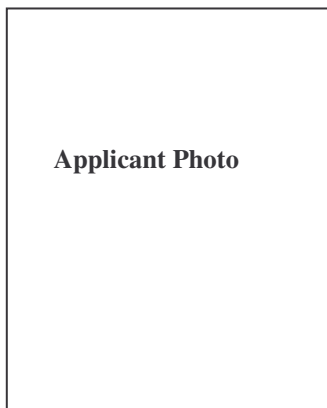
COMMONWEALTH OF KENTUCKY  
Environmental and Public Protection Cabinet  
Office of Housing, Buildings and Construction  
DIVISION OF HVAC  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405  
(502) 573-0395 Fax (502) 573-1401



**LIMITED JOURNEYMAN HVAC INSTALLER LICENSE APPLICATION**

*Please type or print application. All questions must be answered on both sides of this application.  
An application fee of \$50.00 is to be submitted payable to Kentucky State Treasurer.*

1. Name: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_  
(Street, Route or Box Number)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, Route or Box Number)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
3. Examination Score Certificate enclosed: \_\_\_\_ Yes - Date of exam: \_\_\_\_\_  
\_\_\_\_ No (If no, license cannot be issued until exam is passed.)
4. Are you currently a Registered HVAC Apprentice: \_\_\_\_ Yes, Registration # \_\_\_\_\_  
\_\_\_\_ No
5. Attached a recent signed color photograph below:



Applicant Photo

<u>For Office Use Only</u>	
Date Received	_____
Approved	_____
Issue	_____
Pending	_____
Approved To Test	_____
Board Review	_____
Appr # & Status	_____
Master for Comp.	_____
Master Address	_____



**6. Total HVAC experience:**

**(A) List the name and address of HVAC employers and date of employment.**

<u>Employer Name</u>	<u>Address</u>	<u>From</u>	<u>To</u>	<u>Phone number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**(B) Number of HVAC work hours for which records are available:** \_\_\_\_\_

**(C) List any schools with HVAC training in which you have attended. Attach certificate or transcript.**

<u>Title</u>	<u>Presented by</u>	<u>Dates</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____

*The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder pursuant to KRS 198B.672.*

**Applicant's Signature:** \_\_\_\_\_

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Journeyman HVAC Limited Installer Mechanic license at this time.

**STATE OF** \_\_\_\_\_

**County of** \_\_\_\_\_

The applicant, whose name is, \_\_\_\_\_, being duly sworn declares that foregoing statements subscribed to him are true to the best of his knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

**Notary Public** \_\_\_\_\_

**My Commission expires:** \_\_\_\_\_